CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT					FORM C/OH COVER SHEET PG 1	
The C/OH Instruction Guide explains how to complete this form. 1 Filer ID (Ethics Commission Filers)			2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	SAUL.	MI	OFFICE	USE ONLY	
,	NICKNAME	GONZAL	SUFFIX STATE: ZIP CODE			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		STAGECOACH				
Change of Address	<u> </u>					
5 CANDIDATE/ OFFICEHOLDER PHONE	(5/2)	749 - 2252	EXTENSION	Date Hand-delivered	7	
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$	
NAME	NICKNAME	CINTON	SUFFIX	Date Processed		
		HOERNER	JR	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / SU		STATE; ARCOS TE	ZIP CODE EXAS 7866,	
8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION						
TREASURER PHONE	()				•	
9 REPORT TYPE	January 15	30th day before ele	ection Runoff	15th day afte treasurer app (Officeholder	oolntment	
	July 15	8th day before elec	tion Exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)	
10 PERIOD COVERED	. Month	Day Year / 15 / 2021	Month THROUGH	Day Year /30/20	122	
11 ELECTION	ELECTION DA		ELECTION TYPE			
	Month Day	Year Primary General	Runoff Other Description Special			
	/ /	General	Special			
12 OFFICE	OFFICE HELD (If any	LOUNCIL # 2	13 OFFICE SOUGHT (if known)			
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDI CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF TH			DATE'S OR OFFICEHOLD	ER'S KNOWLEDGE OR	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	. GENERAL	COMMITTEE ADDRESS				
. 🗀	SPECIFIC	COMMITTEE CAMPAIGN TREAS	SURER NAME			
		COMMITTEE CAMPAIGN TREA	SURER ADDRESS			
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	** TDAY \$ //, 4/8				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$				
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information						
rec	juired to be reported by me under Title 15, Election Code					
		\				
)				
	Signature of Car	ndidate or Officeholder				
	Please complete either option below	7:				
	Beverly Lynn Trollinger					
(1) Affidavit	My Commission Expires					
	* 10/29/2025 Notary ID 133420519					
NOTARY STAMP/SEAL	The state of the s					
Sworn to and subscribed	before me by <u>SAUL GONZALES</u> this the	25th day of July,				
20 to certify	which, witness my hand and seal of office.					
Beverleting	ollingu BEVERLY LYNN JROLLI	WLER admin				
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath				
	OR					
(2) Unsworn Declaration	on					
My name is	, and my date of birth is					
My address is						
	(street) (city) (s	tate) (zip code) (country)				
Executed in	County, State of, on the day of(month)	, 20 (year)				
	(month)	(year)				
	Signature of Candid	ate/Officeholder (Declarant)				